

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>hus</i>		6/5/0
O.I.P.E. CLASSIFIER			10-6-12-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>MP</i>	10303	8-5

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
52	✓	✓	
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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